State of California Department of Insurance

## **Prelicensing/Continuing Education Program Course Approval Application** 446-3 (Rev. 05/2004)

**Producer Licensing, Education Section**320 CAPITOL MALL

SACRAMENTO, CA 95814-4309 Information (916) 492-3064 www.insurance.ca.gov

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|---|---|--------------------------|--|--------------------------------|----------------------|--|--|
| Instructions:   |   | Department Use Only:     |  |                                |                      |  |  |
| <ul> <li>This form must be completed for each course to be approved.</li> </ul> |   |                          | Course #: _  | Course #:                      |                      |  |  |
| <ul> <li>A completed ap</li> </ul>  | oplication with the proper attachn                                | nents and filing fee     |  |                                |                      |  |  |
| must be receive course presentat  | ed in the Department at least <b>30 d</b>                         | lays prior to the first  | Approval pe  | eriod:                         |                      |  |  |
|   | e minimum of one hour, no fract                                   | ional hours are granted. | Credit Hours: Category code:   |                                |                      |  |  |
| First course presentation date:   |   | Provider Number:         |  | Phone Number: (                | )                    |  |  |
| Provider Name:  |   |                          |  |                                |                      |  |  |
| Address:  | Street  | City                     |  | State                          | Zip                  |  |  |
| Course Title:*  |   |                          |  |                                |                      |  |  |
| 1   |   |                          |  |                                |                      |  |  |
| Check one course ty Prelicensing  | Check one course type:  Prelicensing Continuing Education:        |                          |  |                                |                      |  |  |
|   |   |                          |  | reas intended to meet          | ony statutory        |  |  |
| Prelicensing course   | hours:  |                          | If continuing education, is this course intended to meet any statutory requirements?   No Yes (if yes, indicate requirement below) |                                |                      |  |  |
|   |   | CA Long-Terr             | m Care   |                                |                      |  |  |
| $\overline{12}$ -hour $\overline{20}$ -hour                                     | $\overline{32}$ -hour $\overline{40}$ -hour $\overline{52}$ -hour | r 24-Hour Care           | e Coverage   | ~                              |                      |  |  |
|   |   | CA Partnership           |  |                                |                      |  |  |
|   |   | Ailluiucs                | <u></u> δ-110u1  | 4-hour                         |                      |  |  |
| Instruction Method:   | •   | Non-Contact:             | La dia Cagga   | ••                             |                      |  |  |
|   | minar<br>orkshop  |                          | ] Audio Casset<br>] Video Tape   | tte                            |                      |  |  |
| ☐ Co.   | onference   |                          | Corresponder   | ence/Text Book                 |                      |  |  |
|   | assroom/Lecture   |                          | Computer Di  | iskette                        |                      |  |  |
| ☐ Tel   | leconference (monitored)<br>her                                   | =                        | Internet<br>Other:   |                                |                      |  |  |
| Category Type(s):   |   |                          | ППС  | ommercial/Health/Disa          | ability              |  |  |
| (check one or more)   | Life Fire and Casu  | <u> </u>                 | es   | (Prelicensing only)            |                      |  |  |
| Number of continuin   | ng education course credit hours                                  | •                        |  |                                |                      |  |  |
| Number of times to  | be given during approval period                                   |                          | on Departmen  Yes N  | nt's website and/or list<br>No | t of courses open to |  |  |
| Is this course part of  | f a designation program? Ye                                       |                          | nich program?  |                                |                      |  |  |
| For Department use  | only:   |                          |  |                                |                      |  |  |
| Course approved Course <b>not</b> approved.                                     |   |                          |  |                                |                      |  |  |
|   |   |                          |  |                                |                      |  |  |
|   |   |                          |  |                                |                      |  |  |
|   |   |                          |  |                                |                      |  |  |
|   |   |                          |  |                                |                      |  |  |
| By:   |   |                          |  |                                |                      |  |  |
| Education Section Staff Signature Date  |   |                          |  |                                |                      |  |  |

<sup>\*</sup>Advertising and course materials must use this exact title. Courses based on another provider's material must be approved by that provider and must use same name.

## **REQUIRED ATTACHMENT CHECKLIST\*:**

**For Contact Courses:** 

A.

|                             | _               |   |  |
|-----------------------------|-----------------|---|--|
|                             | 1<br>2          |   |  |
|                             |                 | presented.  |  |
|                             | 3               | A copy of all materials presented to each student if a detailed outline is not submitted with application.  |  |
|                             | 4.<br>5.        | An agenda showing the beginning and ending times, breaks, and time allotted for exams, if applicable.   |  |
|                             |                 | A completed Class Presentation Schedule form for each presentation.   |  |
|                             | 6               | A current authorization letter from the author or publisher if using another vendor's source material as the basis for the course.  |  |
|                             |                 | *For Prelicensing courses - to expedite the course approval process, submit a cross-reference to the California prelicensing curriculum and educational objectives with each line page-referenced to the source book(s) used. |  |
|                             |                 | *For Statutory courses – to expedite the course approval process submit a cross-reference to the approved outline or training material with each line page-referenced to source book(s) used.                                 |  |
|                             |                 | *For Contact courses - the instructor outline or script must be cross referenced to the approved outline or training material.  |  |
| B. For Non-Contact Courses: |                 |   |  |
|                             | 1.              | A detailed statement on how the course is relevant to insurance topics and insurance products.  |  |
|                             |                 | Audio cassette, video tape, computer diskette, text book for the course or copy of the text cover, copyright page and   |  |
|                             |                 | table of contents if using another vendor's pre-approved material/book  |  |
|                             | 3               |   |  |
|                             | 4               | course(s). Answers to exam questions must reference section and screen for answer source.   |  |
|                             | 4. —            | A final examination with the questions scrambled (not in chapter order).  Answers to all exam questions with page and paragraph referencing to the source book(s) used  |  |
|                             | 6 —             | Answers to all exam questions with page and paragraph referencing to the source book(s) used.  A current authorization letter from the author or publisher if using another vendor's source material.                         |  |
|                             | 7.              | Copy of instruction sheet sent to students.   |  |
|                             |                 |   |  |
| CER'                        | <u> FIFICAT</u> | <u>'10N:</u>  |  |
|                             |                 | penalty of perjury that I have read and understand the information and requirements contained in this application, that are true and nothing has been withheld which would influence a complete evaluation of this course.    |  |
| Origin                      | nal Signat      | ture of <b>Provider Director</b> Date   |  |
| Drinto                      | d Nama          | of Provider Director  |  |
| Time                        | u maine (       | Il Tovider Director   |  |
| PLEA                        | SE SENI         | D THIS COMPLETED APPLICATION ALONG WITH THE PROPER ATTACHMENTS AND FILING FEE TO:   |  |
|                             |                 |   |  |
|                             |                 | CALIFORNIA DEPARTMENT OF INSURANCE  |  |
|                             |                 | PRODUCER LICENSING BUREAU - EDUCATION SECTION   |  |
|                             |                 | 320 CAPITOL MALL<br>SACRAMENTO, CA 95814-4309   |  |
|                             |                 | 5ACKAMENTO, CA 73014-4307   |  |

Filing fees:

\$32.00 per Continuing Education Course \$64.00 per Prelicense Education Course

Make check payable to: California Department of Insurance

Course applications must be received in this office at least 30 days prior to the first course presentation date. Course advertisements for pending courses must clearly state that the course has been submitted and is pending approval, if the course application is complete and submitted within the appropriate time frame.